

felt through the walls of the *rectum*, projecting through the *obturator foramen* into the pelvic cavity, and its motions could be distinctly perceived when the thigh was rotated.

As the patient was somewhat fatigued, we left him to repose for more than an hour, and we then began our operations upon him again.

The patient, having been again put under the influence of the combination of chloroform with sulphuric ether, the left thigh was strongly flexed upon the *pelvis*; thus making a fulcrum, like a cushion, of the soft parts upon the anterior portions of the thigh and the *pelvis*; so that, in this position, only moderate pressure made upon the knee was requisite to raise the head of the bone entirely out of the cavity of the *pelvis*.

A swathe having been applied around the left thigh, a cord from the compound pulleys was attached to it, and the pulleys were affixed to a beam some six or eight feet above the couch.

Extension was then made, in the line of flexion upwards, towards the patient's head, at an angle of about *fifty degrees* from the horizontal plane of his body, and about *twenty-five degrees*, laterally, from the vertical median plane. And this extension was moderately strong, and steadily continued, while counter-extension was maintained by the couch upon which the patient was fixed, being kept immovable by assistants sitting upon it. The direction in which extension was made was, at times, slightly varied, yet the general course in which it was continued was the same; and manipulation, by rotating the thigh, was at the same time practised.

After some ten or fifteen minutes of persevering and unremitting effort, the patient, meanwhile, being kept under the influence of the anæsthetic compound, the head of the *femur* (it having been previously withdrawn, as before described, through the *obturator foramen*, from the cavity of the *pelvis*) was returned to its place in the *acetabulum*. The *crepitus*, which had been observed, must have been produced by the friction of the head of the *femur* against the margin of the *obturator foramen*.

A pillow was placed between the patient's lower extremities, and they were confined together by two swathes; he was allowed to have some brandy and water; and a full dose of solution of morphia was afterwards given to him before bedtime. He passed a very comfortable night.

He continued to improve in health and strength afterwards; and though there remained some slight degree of stiffness and soreness about the left hip for some time, he is now perfectly recovered.

The swathes were retained about his thighs and legs, and he was kept quiet in bed for a few days. But within ten days after the reduction of the dislocation of the left *femur* he was walking about, and was able to perform the duties of his situation.

BARBACOAS, NEW GRENADA,

UPON THE PANAMA RAILROAD, *December, 1853.*

ART. XIII.—*Removal of the Astragalus.* By F. M. ROBERTSON, M. D.
Lecturer on Obstetrics, &c. in the Charleston Medical Institute.

MR. T. B., the subject of this case, was about 44 years of age, tall and spare, but muscular. His habits were occasionally intemperate. His pe-

riodical "sprees" usually wound up by an attack of delirium tremens. In the present instance he was suffering under an attack of this nature, in consequence of a protracted debauch.

On the night of the 19th July, 1851, while in a state of mental derangement from the cause just cited, he arose from his bed about 12 o'clock, and commenced groping about the passage of his hotel in search of water. He made his way to the head of the staircase, and, instead of descending in the ordinary manner, threw himself over the banister, and was precipitated, about twenty feet perpendicular, upon the steps below. He was taken up by the watchman of the house, who called assistance, and conveyed him to his room. I was sent for immediately.

Nature of the Injury.—I found the left foot turned completely inwards, and, on attempting to stand, the outer margin of the foot rested upon the floor. The lower extremity of the fibula was torn from its connections with the tibia and astragalus, and thrown backwards. The astragalus was dislocated forwards and outwards, being completely turned over, or tilted up, so that its superior articulating surface with the tibia and fibula was brought into a vertical position. This caused two prominent points—one, the outer articulating protuberance with the scaphoid; the other, the outer articulating protuberance with the calcis—to project so much as to nearly protrude through the integuments, which were drawn tensely over them, and slightly excoriated. The leg was much bruised, and cut in several places; the right ankle was also greatly contused, but without dislocation or fracture. No fracture could be recognized in the dislocated joint. I presume the posterior portion of the calcis must have struck upon the edge of one of the steps upon which he fell, by which the foot was twisted, and the particular dislocation produced.

Attempt at Reduction of the Dislocation.—I first made an attempt at reduction, with the assistance of three able-bodied men, but was unable to effect the slightest alteration in the condition of the parts. I next tried the effects of chloroform, but was unable to bring him under the influence of this agent; or rather, I did not push it further than I deemed prudent and safe at the time. It appeared to increase the nervous excitement; and, in fact, the general agitation of the muscular apparatus was such as to be little short of actual convulsions. I have seen chloroform produce similar effects in delirium tremens in other cases. I then resolved to resort to nauseating doses of tartarized antimony and the compound pulleys, hoping, by their combined action, to produce sufficient muscular relaxation to enable me to press the displaced bone back into its normal position. The full effects of the antimony were produced, and the pulleys applied. The full power of an able-bodied man was applied to the cord, but to no purpose; not the slightest impression could be produced. I permitted him to rest for a few hours. In the mean time Professor Geddings saw him in consultation. With his assistance, and that of my brother Dr. J. J. Robertson, of Washington, Ga., another effort at reduction was made; but it was equally unavailing. The joint was then placed in the most favourable position, and covered with an evaporating lotion.

Progress of the Case.—The inflammatory action ran high, and in a few days two sloughs, about four-tenths of an inch in diameter, were thrown off from the integuments over the two most prominent points of the dislocated bone. The suppuration was profuse. A considerable quantity of synovial fluid accumulated just behind the lower extremity of the fibula, extending three inches up the shaft of the bone. It was evacuated by an incision with

the lancet. The probe could be freely passed through the opening, to the extent of several inches, both above and below. The suppuration continued without any abatement, and it became evident that constitutional irritation was fast reducing the patient. The question of amputation, or an attempt to remove the dislocated bone then arose, for one or the other of the procedures was imperiously demanded. I determined, if sustained in consultation, to adopt the latter course, as affording a chance of saving the member. Professor Geddings met me again on the 8th of August, and, concurring in the propriety of attempting the removal of the dislocated bone, the next day was fixed on for the performance of the operation. The dangers consequent upon the operation, the possibility of its failure, and the necessity for ultimate amputation, were frankly and fully stated to the patient. He readily acquiesced in the attempt to save the leg.

Operation.—August 9, 12 M., twenty-one days from the receipt of the injury. An attempt was made to place the patient under the influence of chloroform. It produced considerable restlessness, writhing and tossing about of the arms, with incoherent muttering. Its inhalation was continued during the progress of the operation, in which I was assisted by Professor Geddings, and Drs. Fitch, Kinloch, and Anderson. A lunated incision was carried from below upwards, through the superior portions of the two openings occasioned by the sloughing of the integuments, descending and terminating in front of the external malleolus, on a level with the tendons which pass under it. The flap was dissected down and turned back. The upper portion of the integuments was turned back also. With the index finger of the left hand as a director, the tendons and anterior tibial artery were protected, and forced as much as possible out of the way; and, with a strong, narrow, straight bistoury, the connections of the bone were severed in that direction. The attachments in front were next divided, and the knife freely passed between the astragalus and calcis. The bone was now seized with a pair of Meigs's embryotomy forceps, which I had selected for the purpose, and forcibly wrenched outwards, while the remaining deep-seated attachments were severed. But slight hemorrhage took place, as no artery requiring a ligature was divided. Upon examining the bone, it was found that the posterior inner protuberance had been fractured; and, on passing the finger into the cavity, the fragments were found to be held by firm ligamentous attachments. These were removed by means of the probe-pointed bistoury and forceps. The flaps were drawn together, and secured by interrupted sutures and adhesive straps, and the whole covered with an emollient poultice. Dr. Kinloch, who administered the chloroform, was of the opinion that the patient was not fully under the influence of the anæsthetic agent. The patient stated, however, that, though perfectly aware of what was being done, he did not feel any pain, and attributed his restlessness and incoherent muttering to a consciousness of what was going on.

The adhesive straps were removed on the third day after the operation, and a portion of the edges of the flaps had united by the first intention. In the course of ten days, however, the joint became generally inflamed, with profuse suppuration. Fluctuation was felt just over the internal malleolus. It was opened, and, for some days, continued to discharge an ill-conditioned bloody pus; it then gradually closed, leaving a general tenderness over that region, which slowly disappeared.

On the 27th of August, the condition of the patient was decidedly unfavourable. The discharge from the joint was profuse, and unhealthy in character. Considerable exfoliation had taken place from the inferior end of

the fibula, and the granulations about the external wound were flabby and unhealthy in appearance. The patient was also suffering greatly from constitutional irritation; in addition to which he had become extremely emaciated. Upon further consideration we determined still to persevere, and endeavour to save the limb. Our patient was placed upon a generous diet, a pint of Scotch ale per day, and a tablespoon of the tinct. cinchon. comp. three times a day, and the edges of the wound were daily touched with argent. nit. Under this course, matters soon assumed a more favourable aspect, and his improvement was now rapid. On the 12th September, he was so far recovered as to be able to draw on a stocking and loose slipper, and take exercise with the assistance of crutches. About the 1st of October he left for his residence in a distant State, the external wound having healed to a mere point.

He was heard from on the 12th December. The external wound had entirely healed. He has good lateral motion of the new joint, and flexion and extension to a limited extent. He is able to walk comfortably with the assistance of a common walking-cane, and a shoe with the heel about half an inch higher than the other.

The foregoing statement is an extract from my case-book, in which the record was made just as the case progressed.

[Dislocation of the Astragalus is a very serious accident, and its treatment is often perplexing and difficult. It may be useful therefore, in connection with the above interesting case, to refer our readers to an instructive paper on this subject by Dr. GEO. W. NORRIS, in the number of this *Journal* for August, 1837, and also the case of Mr. J. TUFNELL, and the observations of M. BROCA, in the Summary of the present number, (see Department of Surgery.)—ED.]

ART. XIV.—*Opium as a Remedy for Obstinate Ulcers.* By Dr. W. H. ROBERTS, late Act. Surg. U. S. A.

AN article denying the remedial effects of opium in the treatment of sluggish ulcers, was published some months since in the *American Journal of Med. Sciences*. The experience of its author being the reverse of my own, and calculated to greatly depreciate what I have found to be an invaluable remedy in old and obstinate ulcerations, I beg to give you the results of my own observations in both civil and military practice.

The action of opium, when given in stimulating doses, upon the skin and capillary circulation, would alone point it out, as a fitting remedy, in this and other diseases of the skin. This first induced me to make trial of its powers; and experience has amply justified its use. I am convinced the true value of opium in all the diseases which affect the skin, has yet to be fully appreciated.

With regard to the use of opium in chronic ulcers, I have found its effects to be greatly influenced by the absence or presence of constitutional or general derangement of the system.